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## Public Health Bytes

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### **PANDEMIC ALERT PHASE: 3**

**Communicable Diseases Update: Influenza Update:** As reported by the Virginia Department of Health, influenza-like illness (ILI) in Virginia continued to remain at the “Widespread” activity level through the most current reporting week (March 28<sup>th</sup>). A graphical comparison of the current influenza season to last season may be found at [www.vdh.virginia.gov/epi/flu.htm](http://www.vdh.virginia.gov/epi/flu.htm). To date, the state laboratory has confirmed a total of 79 cases of influenza (97% Type A). Among the influenza type A viruses confirmed, 92% have tested positive for the H3, similar to national findings.

**Pertussis Update – Part Two:** Azithromycin, clarithromycin and erythromycin represent the antibiotics of choice for treatment or prophylaxis of pertussis for those 6 months of age and older. Trimethoprim-sulfamethoxazole (TMP-SMZ) may be used as an alternative. Treatment for those suspect or confirmed pertussis cases should be initiated within the first 3 weeks of onset of illness. Initiating treatment after 3 weeks of illness has limited benefit to the patient or contacts, except in high risk situations (children less than 1 year of age, pregnant women and persons with immunodeficiency or other underlying severe disease), where treatment may be considered up to 6 weeks after onset of illness. Symptomatic cases should be excluded from activities outside of the home until completion of at least 5 days of treatment with appropriate antimicrobial therapy in an effort to prevent secondary cases. For highly probable or confirmed cases, identify and evaluate all household members and close contacts to receive appropriate antimicrobials **regardless of immunization status or age** to prevent secondary cases. Those contacts exposed to a contagious pertussis case more than 21 days prior do not routinely need chemoprophylaxis unless they are deemed high risk.

**Travel medicine:** Remember to take a good travel history from patients with infectious disease symptoms. Recently, two measles outbreaks have been reported in Germany and the UK had experienced a mumps outbreak last year. CDC provides excellent travel health information at <http://www.cdc.gov/travel/>.

**Environmental Health: Animal Bite management.** Spring is upon us and that means a greater likelihood of human – animal interactions and bites! Last year, Public Health Bytes reminded clinicians about the Henrico ordinance on animal bite reporting ([May 2005 issue](#)) and provided a [rabies evaluation guidance flow sheet](#). In 2005, 281 bites were reported to Henrico Animal Control. Just recently, a rabid skunk was identified in the Varina district of Eastern Henrico. Most exposed patients receive rabies immune globulin (RIG) and their day 0 rabies vaccine dose through the emergency department or urgent care facility while undergoing initial wound evaluation and care. However, many patients look to their primary care providers to complete rabies post-exposure prophylaxis (RPEP). RPEP is an appropriate primary care practice and should follow the 1999 accepted ACIP standards for human rabies prevention (See <http://www.cdc.gov/mmwr/PDF/rr/rr4801.pdf>). The health department is able to provide technical support to any provider who needs assistance in carrying out the prophylaxis.

**Lead poisoning:** CDC recently reported the death of a child from acute lead poisoning caused by lead encephalopathy. This was the result of ingestion of a heart-shaped metallic charm containing lead that was attached to a metal bracelet provided as a free gift with the purchase of Reebok shoes. Further details at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm55d323a1.htm>

**Emergency Preparedness Update: Pandemic Influenza Preparedness Update:** VDH hosted a state-wide conference on Pandemic Influenza on March 23<sup>rd</sup>. The primary message from this summit was that preparedness needs to occur across all levels of the public and private sector. During a pandemic, there will be an increased demand for hospital, outpatient, home health, and emergency medical transport services. To assist in the preparedness efforts, the CDC has added preparedness checklists for medical offices and clinics, home health agencies, EMS, schools, businesses, community and faith-based organizations, individuals and families to their pandemic flu website (<http://www.pandemicflu.gov/plan/checklists.html>). These checklists provide an excellent opportunity for medical professionals to discuss pandemic flu preparedness with their patients and staff. Summit materials are available at <http://www.vdh.virginia.gov/epr/panflusummit.asp>.

**Medical Reserve Corps (MRC) Update:** The Henrico MRC now boasts 160 members. The next MRC Meeting – a repeat of the orientation session – will be held on April 17<sup>th</sup> at 7:00 pm in the Henrico County Human Services Building. For information about the Henrico MRC, or to sign up, please visit [www.co.henrico.va.us/health/mrc.htm](http://www.co.henrico.va.us/health/mrc.htm).

**Prevention updates:** The latest from the US Preventive Services Task Force (USPSTF) – “Evidence is insufficient to recommend routine screening for developmental dysplasia of the hip (DDH) in infants as a means to prevent adverse outcomes. Rating: **I Recommendation**”. The USPSTF was unable to assess the balance of benefits and harms of screening for DDH but was concerned about the potential harms associated with treatment of infants identified by routine screening. See <http://www.ahcpr.gov/clinic/uspstf06/hipdysp/hipdysrs.htm> for the full report.

**Training/Publications:** 1) Isolation and Quarantine Training; April 26<sup>th</sup> in Chesterfield. CME available. See <http://www.vdh.virginia.gov/EPR/pdf/CBERS.pdf>

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